

South Carolina Department of Social Services
 Child Care Licensing
**AUTHORIZATION FOR INTERVENTION, THERAPY AND
 EXTRACURRICULAR ACTIVITIES**

I authorize JACKIE RAND/KENDRA TREXLER/LUNDA CORNELIUS/DEVIN KEMPER to remove
Name of Person/Entity Providing Activity

Name of Child / _____
Child's Date of Birth

from HTCS K4 CLASSROOM and/or its programs from
Name of Child Care Facility

8:15 AM to 9 AM on MONDAYS-FRIDAYS: 8/16/23-5/29/24
Time Time Dates/Period of Service (See Instructions below)

for the purpose of participating in SPECIALS/SPEECH CLASSES ON CAMPUS. I am aware that
Type of Activity

while participating in SPECIALS/SPEECH CLASSES ON CAMPUS, my child **will not** be supervised
Type of Activity

by a qualified staff person employed by HTCS K4 PROGRAM (BUT THEY WILL BE W/ AN HTCS TEACHER).
Name of Child Care Facility

I am also aware that, HOLY TRINITY CATHOLIC SCHOOL and its employees
Name of Person/Entity Providing Activity

are not required to adhere to laws governing HOLY TRINITY CATHOLIC SCHOOL
Name of Child Care Facility

including, but not limited to laws governing staff to child ratios, supervision, background checks, and educational training.

Parent/Guardian's Signature _____
Date

[Signature]
Child Care Facility Director's Signature _____
Date

x [Signature]
Person Providing Activity's Signature _____
Date

x [Signature]
Person Providing Activity's Signature _____
Date

Instructions:
This form must be completed and signed by all parties before providing services or activities. Beginning and ending dates should be used to show when the service or activity is being provided. If the service or activity continues for more than a year from the date it is signed, the form must be renewed.